

**KENTUCKY BOARD OF PHARMACY**  
**23 Millcreek Park, Frankfort, KY 40601-9230**

**APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN**

Name: \_\_\_\_\_  
(Last) (First) (Middle) Social Security Number

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Date of Birth: \_\_\_\_\_

Photograph:

A recent head and shoulders ***Passport Photograph*** must be attached.

(No proof copies, plastic ID, or digital computer images are acceptable)

I have been accepted to enter the \_\_\_\_\_ and shall  
(Name of School or College of Pharmacy)  
enroll for the term beginning \_\_\_\_\_ with an anticipated date of graduation of \_\_\_\_\_.  
(Date) (Date)

- I understand that I cannot compound or dispense drugs or medicines except when performed under the immediate personal supervision of a pharmacist, and that I cannot be left in charge of a pharmacy at any time. I am aware that this registration is valid for six (6) years from the date of issue unless I am no longer enrolled in a School or College of Pharmacy.
- I have not: (1) been convicted of a felony; (2) been convicted of violation (s) of any drug laws; (3) abused a controlled substance or Rx only drug; (4) misappropriated or illegally used controlled substances, Rx only drugs or other pharmacologically active agents; (5) chronically or persistently abused alcohol.
- I understand that in the event I am charged with or treated for any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration.
- I have attached a copy of my letter of acceptance from \_\_\_\_\_.  
(Name of School or College of Pharmacy)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**(FOR BOARD USE ONLY – LEAVE BLANK)**

Registration Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_